ENVIRONMENTAL HEALTH, INDIGENOUS IDENTITY, CULTURAL REPRESENTATIONS AND THE PRODUCTION OF ECOLOGICAL CONSCIOUSNESS IN NORTHERN ONTARIO

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Abstract: The primary goal of this research is to document local perspectives by presenting a set of commentaries and meanings, in the form of narratives, related to environmental health conceptions on an Oji-Cree reserve in Northeastern Ontario, Canada. Through an ethnographic case study, this research explores how the modern-day production of a sociocentric and ecocentric self, as ethnic marker and moral category, is contributing to environmental/community health and well-being on Native reserves. Cultural representations of personhood and community based on the Medicine Wheel model, as a cognitive model, create an ontological paradigm that promotes a holistic foundation for human behaviour and interaction, as well as healthy, sustainable communities.

Keywords*: ecocentric self, Healing Movement, Medicine Wheel, Native reserves, Northeastern Ontario*.

INTRODUCTION

Disparities in health status have existed in all cultures at all times. The history of Native populations in North America provides a particularly valuable case. Their burden of ill health has persisted over the five centuries since European contact [1, 2, 3]. They have experienced profound disruptions and alterations to their traditional ways of life through cultural contact. This historical and cultural experience has involved various processes: "epidemics of infectious disease, systematic efforts at religious conversion, colonization with forced sedentarization, relocation and confinement to reserves, prolonged separation from family and kin in residential schools and hospitals, gradual involvement in local and global cash economies, political marginalization, and increasingly pervasive bureaucratic and technocratic control of every detail of their lives." [1] (p. 27).

Today, Native populations still have the worst health when compared to all other ethnic groups throughout North America [1, 2, 3, 4, 5, 6, 7]. In Canada, even though there has been substantial improvement in recent years, there is still a great difference in life expectancy between those of Aboriginal descent and all other Canadians. According to Health Canada, in 2001, life expectancy for males in First Nations cultural groups was 70.4 versus 77.1 for the remainder of the population [1]. For women, life expectancy was 75.5 versus 82.2. The Native population continues to have higher rates of a wider range of health problems versus other Canadians. Those of Aboriginal descent have higher rates of tuberculosis; they are more prone to diabetes; they have higher rates of heart disease and high blood pressure; and they also show higher rates of long-term disability [1, 2]. Social epidemics such as elevated rates of suicide, alcoholism and domestic violence, as well as the pervasive demoralization seen in many Aboriginal communities can be readily understood as both a direct and indirect consequence of the history of colonization. The abuse of prescription drugs is currently a new epidemic in Northern Ontario First Nations communities. According to Kirmayer et al. (2008) this socio-historical situation has had a complex effect on the structure of communities, individual and collective identity, and mental health [1].

From an ethno-historical point of view, Jones (2004) notes how health disparities have long puzzled colonists and Aboriginals in both the United States and Canada. Throughout history, people have recognized that some populations are healthier than others. This acknowledgement has led to a lasting, crucial phenomenon: the rationalization of epidemics. Epidemics need to be understandable, significant and rational. According to Jones, the process of rationalization arises from the subtle play between local interests and political economy [3]. People always create an overabundance of potential explanations in order to assign meaning to health disparities. As a result, the affected population demand answers (cultural rationalizations) to epidemics.

Qualitative ethnographic studies have documented how the use of social narratives based on personal experience with social epidemics can be used to offer comments and assessments that are not focused solely on the pathology, but also on historical events, social transformations, self-identity and cultural change [8, 9, 10]. These post-colonial meta-narratives on colonial oppression – such as narratives of historical trauma and nostalgia – become instrumental both to: 1) empower Native groups in today's political milieu; and 2) obtain a therapeutic outlet to leave psychosocial

problems behind and rebuild personal self-image. This line of research is extremely promising and a series of ethnographic studies have emerged to explore the intersection between narratives, the struggle for Aboriginal renewal and community healing in various Canadian and American contexts. Trauma and depression [11, 12], health and identity [13, 14, 15, 16, 17], Aboriginal prisoners and spirituality [18, 19, 11], addiction and sexual abuse (15) are some of the topics addressed in this line of research. Therefore, in the context of modern-day Native populations, research has shown that personal narratives offer present-day discourse to rationalize many of the epidemiological and social problems these societies face.

The Indigenous Healing Movement in Northern Ontario First Nations

The existence of social epidemics on Canadian Indian reserves has for decades led to a sort of cultural rationalization as part of a social movement for neo-animist or neo-traditionalist revitalization known in Canada as the Healing Movement. Ever since the 1980s, and particularly in the 1990s, this movement has espoused the idea that traditional culture offers the only path, known as the Red Road, to overcome social epidemics and psychosocial problems. The Movement has developed a cultural understanding that highlights the disruption of cultural practices and being dispossessed of ancestral lands because of European colonization as the sole etiology of Native illness. In recent decades, there has been a renewed awareness of Native identity and spirituality in many communities across Canada thanks to this revitalization movement [1]. Today, this pan-Indian spiritual revitalization movement has extended throughout North America and across local cultural contexts [21]. Those who follow this spiritual revitalization movement on First Nations reserves in Northern Ontario today describe themselves as members of this Canadian pan-Indian world. This neo-traditionalist subgroup on reserves must be contextualized as a local expression within the contemporary pan-Indian movement.

The cultural ideology underlying this "rebirth" among Canadian Aboriginal societies selectively represents today's Native identity exclusively in terms of religious beliefs and spiritual practices. Brady (1995) has noted how this emerging Native spiritual Healing Movement conceives of "traditional" Native culture as psychotherapeutic treatment for psychosocial and epidemiological problems [20]. The Healing Movement of pan-Indian spiritualism within the context of reserves or urban centres borrows rituals, sources of discourse and Native cultural imagery to create a "supra-tribal ideology" that crosses tribal borders to unite Native groups in a broader regional or national identity [18, 21]. This movement is strongly influenced by the pan-Indian religious ideology practiced throughout North America. The pan-Indian ideology or religion believes that there is a deep spiritual reality rooted in local spiritual practices and beliefs, which colonialism and Christian proselytizing tried to eliminate. This contemporary cultural ideology seeks to find spiritual ties between all Native populations in the United States and Canada, to bring about the rebirth of the spiritual nature that constitutes the identity of any Aboriginal person. One of these spiritual ties is a central, supranatural spiritual entity known as the Creator or the Great Spirit. However, this supreme primordial entity may have arisen as a result of the influence of Christian (Catholic and Anglican) doctrine during the period of colonial contact [21]. The cultural imagery of pan-Indian spiritual ideology comes from Native cultures in the central provinces of Canada and extends to other Native communities throughout the country. In pan-Indian ideology, attention is paid to concepts such as healing and abstract symbolic references such as the Medicine Wheel, Sacred Fire, Sacred Medicines, Sacred Teachings and Grandfathers. This pan-Indian ideology prescribes that, for Native social epidemics to be healed, an individual must acquire or, better yet, "revive" and "reconnect" with the ancestral spirit that was broken by colonialism [25]. Practices associated with traditional healing have been widely adopted and served both as effective healing rituals for groups and as symbols of shared identity and affiliation. This cultural phenomenon of reviving and re-legitimizing traditional spiritual and cultural teachings is contributing greatly to community healing and development processes [1, 13, 21]. The cultural ideology of the Healing Movement is based on linguistic, visual and spatial rhetoric that must resonate in a "secular" and "capitalist" space, which is still a reminder of the Euro-American conquest and colonization that eradicated any sign (voiced or aesthetic) of what it is to be Indian. Reserves have become post-colonial expressive spaces in which to reconnect with ancestral teachings and regain a voice and the use of traditional language, creating in the listener a feeling of spiritual reconnection with the ancestors and the spiritual world. The use of cultural symbols is central to the healing process in Aboriginal communities [11].

In the 1970s and 1980s, within this post-colonial scenario, the Cree and Ojibwe populations in Northern Ontario began to collectively assert themselves within the Canadian political context. As a minority group, Aboriginal communities in Northern Ontario became aware of the need to project a collective unit through supra-tribal ideology. These communities found that ideology in their cultural heritage as hunter-gatherer societies, focussed primarily on the sacred connection to the land of their ancestors [21]. The Healing Movement on reserves in Northern Ontario built an interdependent network of ceremonial exchange relationships that continue to date. Currently, Native communities from different cultural backgrounds lend, exchange and share ceremonies based on the belief that all Native ceremonies are held for spiritual renewal and healing. The local expression "Healing Movement" on reserves in Northern Ontario ultimately seeks to "decolonize" the Native mind damaged by the arrival of European colonists. Thanks to mentors and promoters of the Healing Movement, reserves in Northern Ontario are currently trying to revitalize traditional healing practices, attempting to incorporate spiritual teachings into their organizational

structures in order to promote healthy communities. Individuals on reserves try to maintain a spiritual lifestyle, incorporating traditional teachings into their professional, family and community life.

MATERIALS AND METHODS

The data presented in this paper come from multi-situated qualitative research carried out in 2008-2012 on Natives reserves and rural communities in Northeastern Ontario, Canada. This research draws on data from a combination of qualitative ethnographic strategies that are considered standard in social sciences [22, 23]. The sample was drawn from a group of 35 people, combining different strategies: informal interviews, semi-structured interviews and conversational narratives about concepts, values and meanings of community and mental health. Most interviews were conducted at participants' homes or in other social settings, and all interviews were open-ended, trying to establish a comfortable environment for both the interviewer and the interview situation. The narratives and commentaries that make up the bulk of the data presented in this paper were collected as part of an interview protocol. Interviews were conducted in English. During fieldwork, authors also used participant observation at community and public health facilities. All interview notes, interview transcripts and field notes were entered into a computerized database. Coding and analysis of the data proceeded in three phases: 1) iterative readings and identifying categories/themes; 2) identifying relations between the various codes and detecting negative cases; and 3) selecting ethnographic examples to illustrate the observed patterns.

Case Study

The Oji-Cree community is located in Northeastern Ontario, Canada. The community is approximately 5 hours east of Thunder Bay on Highway 11. The community is linked by an all-weather road to the TransCanada (Highway 11). The closest rural community is some 35 kilometres east. At present, the reserve receives a majority of its administrative and financial services from Thunder Bay and Timmins, some 576 and 294 kilometres away respectively. The reserve was comprised of individuals with Ojibwe and Cree ancestry. Ojibwe peoples, like many Algonquin peoples, use the term Anishinaabe or Anishinaabek (plural) to refer to themselves. As such, these terms are used in this research. According to community statistics, the reserve has 1,477 registered band members, 820 of which reside on reserve. The First Nations band is the main employer and a handful of individuals work off-reserve for forestry or logging companies. Although some elders speak their own Native language, the majority speak only English. As with many Canadian reserves, in terms of social status, unemployment is high and many individuals depend on some form of social assistance. Since 2005, the abuse of prescription drugs has become an epidemic. A 2008 survey carried out on the reserve revealed that 46.3% of respondents abused prescription drugs and 39.6% abused illegal or street drugs, affecting community and family structures through increased violence, theft, divorce and other negative social problems [5, 26]. Since then, there has been a renewed awareness of spirituality, indigenous identity and traditional healing. A local pan-Indian Healing Movement has emerged on reserve as a current effort made by residents to deal with this problem.

RESULTS AND DISCUSSION

Since the 1970s and 1980s, the Healing Movement on reserves in Northern Ontario has aspired to achieve a culturally coherent world through a set of assumptions and beliefs regarding the "authentic" nature of those of Aboriginal descent. The cultural world the Healing Movement aspires to on reserve has not been a world in which youth and adults have been socialized. Assimilationist government policies "ripped out" the sound of traditional language, physical aesthetic and healing practices, and ancestral teachings were marginalized. The individual who embraces the rhetoric of the Healing Movement must practice strategic resistance within hegemonic institutions (schools, health centres, etc.). These become spaces in which the individual struggles to preserve the teachings of the Healing Movement. As a result, a set of beliefs, propositions, interpretations, behaviours, values and practices must be learned. A new personal self-understanding must be acquired through a new Native identity, internalizing its moral and aesthetic manifestations.

The significance and impact of the pan-Indian Healing Movement is that, at a local level, it has helped create a postcolonial paradigm based on the Medicine Wheel model. This paradigm views healing as a process that achieves a relationship with the self, with Mother Earth and with the natural world. Teachings in today's Native communities based on the Medicine Wheel model create an epistemological paradigm that employs cultural representations of personhood and community, creating a new understanding through a revised view of the self, conceived of as ecocentric – connected to the land, animals, and the environment – and sociocentric – connected to the extended family, kin, clan and nation[1, 21]. This view is captured by Taryn:

> As I remember it, my mother was never there to take care of me. When I started on the Red Road – tradition –, that was probably the main reason I started doing things in the traditional way, because Mother Earth is our mother, she watches over our lives. I think that if I can reconnect with Mother

> Earth and the Creator, then maybe I can also reconnect with my mother, maybe I can understand her. That's why now is the best period of my life. I know who I am now: I'm Anishinaabe. Knowing who I am... I know who I am, I know that I'm spirit, that I'm a daughter of the Creator. I now know that I have a purpose in life, that I have a goal every day to go out and do what I do, acknowledge the Creator in my life, know that there is hope for my people, I am on this road for my people …

The Medicine Wheel model and its cultural representation of personhood is becoming an increasingly fundamental tool to encourage a holistic foundation for human behavior and interaction, as well as healthy, sustainable communities. This holistic philosophy is now being borrowed and employed by many Aboriginal communities across Canada [29].

The Medicine Wheel: Producing an Ecocentric and Sociocentric Self

The Medicine Wheel represents a powerful cultural symbol within the Healing Movement, capable of influencing self-perception and causing cognitive, emotional and behavioural changes. As a semiotic and cognitive mechanism, the Medicine Wheel is a cultural representation of a set of assumptions, propositions, beliefs, metaphors and symbols within the Healing Movement, the community revitalization and regeneration movement. The basic proposition of this model is that ancestral culture is "our medicine"; it offers meaning and purpose, and leads to a process of personal change and recovery. In fact, it has become a cultural theory of human development and personhood widely accepted in today's Canadian Aboriginal world. The Medicine Wheel is a cognitive and symbolic vehicle that provides three things: a) a moral guide; b) a behavioural model; and c) a valued identity. This cognitive model offers individuals a new cultural perception of self. The notions of balance, interconnectivity and relationality are three fundamental concepts of this model.

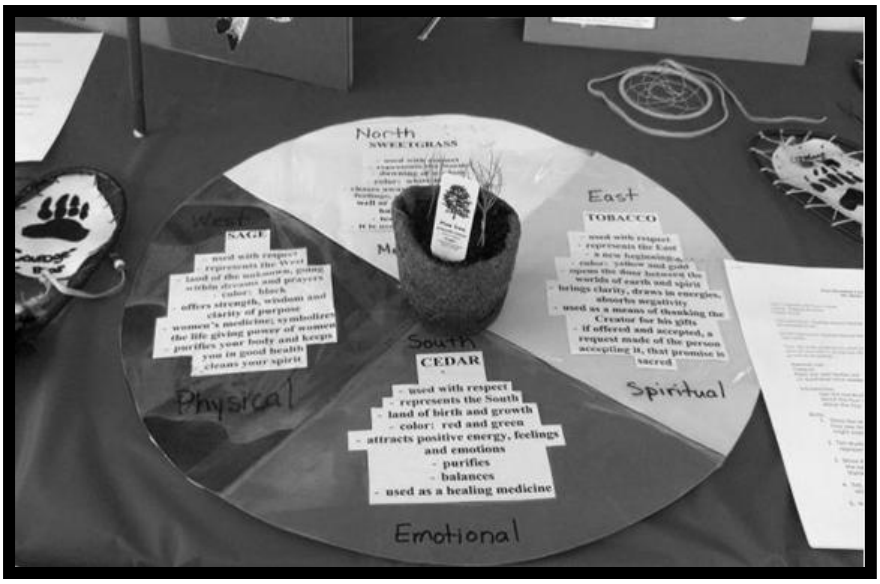

Photo 1. The Medicine Wheel within the school curriculum.

The purpose of the Medicine Wheel, as a cultural tool, is to stimulate and encourage connection to the natural and spiritual world through somatic and sensory experiences. In order to achieve this cultural ideal, the individual must accept the ethnopsychological proposition that he or she is a spiritual and ecocentric being. Ethnopsychological orientation in the Healing Movement revolves around the cultural idea of interdependence, social harmony, generosity and obedience to Elders. This psychology of interdependence builds the Aboriginal self, trying to inoculate a conscience of human interconnectedness. This cognitive ideal must structure the ways in which people perceive and express their notion of self and social relationships. Being Aboriginal, within the Healing Movement, expresses a moral category since people who internalize the cultural knowledge of the Healing Movement believe that one of their main roles in life is to act as protectors or stewards of Mother Earth. The modern-day Aboriginal must live to embrace the idea that he or she has not been separated from Mother Earth and the spiritual world.

The following is an excellent example to show how the individual creates a narrative and makes a behavioural commitment to the cultural model of symbolically representing land as a healing space in the cultural ideology of the Healing Movement. During his fieldwork, one of the authors met Taryn. Right from their first meeting, the researcher thought Taryn had grown up in "living a traditional Ojibwe life" because most of their conversations revolved around the importance of Native spiritual life, constant references to Mother Earth, the Creator, the

importance of nature and respect for the land of her ancestors. However, all of this discourse had been recently acquired. She had returned to her "ancestral and traditional culture" just three years earlier after struggling with addiction.

> I think... you know, that our communities have to confront the fear and temporary amnesia that alcohol and drug abuse have caused in our people and our very culture. You know... our people have become disconnected from traditional teachings, from Mother Earth and the Creator. We are Aboriginals... you know, our families and communities have lost all memory of our spiritual way of life and our traditional teachings. Alcohol and drug abuse weren't something Native and now this situation is making it hard to awaken our spirit... You know, I think that all of us, the only thing we need is to start out on the Red Road, on the healing path.
> That's why our people have to go back to the traditional way, back to our culture... to help us fight against drugs and alcohol and become strong nations again, like before the treaties with the white people. I wanted to get out of drugs and alcohol. I wanted to get better and I was willing to try anything... it was the best time of my life, the best time of life, when I first went into the sweat lodge.

The Red Road represents a vital journey or path of hope and healing, and is the key metaphor that drives someone to the behavioural change of sobriety and personal recovery. In other words, the Red Road represents a process of emotional, behavioural and cognitive restructuring that takes place within a spiritual sphere. The Red Road is a symbolic way of naming the cultural process through which an Aboriginal person seeks personal recovery from a life marked by psychosocial problems (addictions, divorce, separation, depression, etc.). In order to set out on the Red Road, the individual must internalize the teachings prescribed in the Medicine Wheel. This is the appropriate way for an Anishinaabe or Cree to face his or her psychosocial problems. Taryn had begun the initial phases of her own spiritual rebirth. She was participating in a four to five year process to "rediscover her culture" through a complex personal ceremony prescribed by her spiritual healer. As a neophyte Anishinaabe, every day Taryn tried to take her spiritual ancestors and the Creator into her life and daily practice as a carrier of the teachings and beliefs of Midewiwin as the only medicine for her people. Today, the beliefs and assumptions of the Medicine Wheel regarding Native personhood maintain the cultural notion that any modern-day individual of Aboriginal descent embodies a pure, natural source of spiritual wisdom. In this vision, all Aboriginals must practice a set of animist beliefs. Within this cultural system, today's Aboriginal must build his or her self-image as a person whose social role in this world is to protect, respect, take care of and live in harmony with nature.

> It means... To be healed, first, you have to have some damage, you have to have some illness, pain. Being healed is treating your pain until it's fixed. There will always be... be some sort of scar, some wound. You know the wound is there, but going back to what you used to be is the cure... I think that's because our people need to remember to learn who we are, instead of being something different. Being healed is completely spiritual, it doesn't matter what it is, if it's emotional, physical, mental, it's all spiritual. Our problem with drugs and alcohol is because we've lost who we are. New things were introduced to us, like drugs and alcohol. Before, these things, they were used for ceremonies, for a spiritual purpose, to meditate, but not to get to the point of abuse or dependence on these substances. When we were put in residential schools, when they put us on reserves, that wasn't our way of life; they destroyed the way we worked, who we were, who we were supposed to be. Like I said, I think every culture has its own purpose. The Creator made us and created our culture with one purpose. I think the Creator created the Anishinaabe as Earth Keepers and the Maya were created as Time Keepers. That's all I know. All cultures have their own purpose and we were removed from our purpose, and that was terrible.

Through this holistic philosophy, the new, modern-day Anishinaabe/Cree comes to discover that he or she was made by the Creator to be a spiritual being and his or her role must be as a keeper of the Midewiwin ancestral teachings. One must “keep the Spirit strong”, as well as respect the Medicines (cedar, sweetgrass, tobacco, sage) and commit to the values of sharing, caring, humility and respect. This is what it means to set out on the path to personal and spiritual renewal and recovery; in other words, in metaphorical terms, the neophyte must set out on his or her Red Road. The true Native community must be conceived of as *Naturevolker* (natural people) as opposed to Canadian society, which is alienated from nature. Personified as Mother Earth, nature is the incarnation of life and therefore hope for future Native revitalization.

> I think that if my people went back to using our sacred medicines that would help them, they would discover their spirit. Most of the time traditional people had to pray to the Creator and spend time in nature, where the Creator made everything we need. They did what the Creator told them they had to do and they spent a lot of time in nature, and with their own spirit. They found all of the answers in the Creator, nature and the spirits. Today, people don't ask, they just think they know the way things are. I

> think we should spend more time in spirit with the Creator, praying or in nature. You know who you are because there's no one telling you who you are or who you should be. You just are because the Creator made you. You can be anything. There are different stages, different phases in life. Everyone has a role. We did what we thought we had to do, you had to feed your family and the Creator was always there. That was living. Life was simple; we didn't have appointments, phones.... People have everything: TVs, computers, videogames. People have everything but they don't sit and talk. There's no communication and that's the main thing we used to do. We lost our spirit, our spiritual world. (Stephanie)

Within the Healing Movement, people believe that the earth is the basis for their identity and that there is an inseparable connection to the earth that consists of the ways in which an Aboriginal person forms relationships on a daily basis. Because they believe that the Great Spirit/Creator gave Aboriginals the earth, they maintain the strong belief that they must live their lives as caretakers of the earth. Many individuals spoke about the importance of respecting Mother Earth. Respect for the earth can be expressed in many ways, such as giving thanks for what Mother Earth provides or being aware and not polluting. For example, when hunting, fishing or gathering food and medicine, individuals need to offer tobacco as a sign of gratitude. These practices are considered a way of life, something that must be lived on a daily basis. Indeed, a number of individuals indicated that these actions are part of their identity as an Aboriginal. During the conversation with David, it was obvious that respect for the earth is part of his personal identity:

> We came in the time of the Seventh Fire. This was a prophecy announcing that there'd be a time when the Anishinaabe had almost lost everything, they would start to come back to the sacred way, to recover and renew our language and spiritual way of life, and pass it on to the next generation. We are children of the Seventh Fire, we've experienced the loss of everything sacred, but now we're fighting to be able to recover everything that was left behind in order to offer it to future generations. All of us have to protect the earth, its waters and everything that depends on Mother Earth. We have to make an effort to restore the natural balance of the earth for the next generations.

Further, Taryn's statement reveals that being Anishinaabe involves a feeling of responsibility tied to Native identity:

> Elders are the protectors of Mother Earth; they have always maintained it, preserved it, and they think about how it will survive the pollution it's being subjected to. I can understand them, but I'm Anishinaabe, I'm a daughter of the Creator, who created everything. So we have brothers and sisters everywhere. For me, I think we can all learn from one another, all of us can help one another. There are those who have forgotten that Earth is our mother and that's why we take care of it and dance, instead of polluting it, instead of polluting the air and the water. By caring for it we can live better lives, both physically and spiritually. That improves our quality of life. If you ask me who I am now, I'll tell you: I'm Anishinaabe, I'm spirit. That will always be my answer now. But if you asked me before, Who is Taryn? Who am I? All my life I couldn't answer that, because I changed, you know, I've changed... Everyone can change.

In the Healing Movement, there is general agreement that biomedical health systems are not capable of offering the type of holistic healthcare that today's reserves need. The biomedical system does not incorporate the cultural view of the Medicine Wheel, that an Aboriginal must be connected to nature and the spiritual world. This cannot be achieved in a biomedical environment, a "cold" brick and cement building. The way to achieve mental and community health is by interacting with natural environments. The boreal forest that surrounds the reserve ceases to be a natural landscape, culturally becoming a "clinical" or therapeutic space [27]. In this cultural model, natural and physical space becomes the true therapeutic installation to treat social epidemics. In the cultural image of Mother Earth, the Land becomes a multisensory, healing space institutionalized within the Healing Movement. Spending time in nature is prescribed as one more healing practice, along with other rituals and ceremonies. As John noted:

> If only more people on the reserve were move involved in traditional ceremonial life. Many have lost their connection to our culture, our connection to Mother Earth. In a way, I was disconnected for a long time, until I came back to my connection to Mother Earth. Now I believe in the Creator, in the healing power of our medicine, the Medicine Wheel, you know? Sometimes our own people criticize us, they think we practice black magic. Black magic? These are our traditional ceremonies; our ceremonies depend on the circle and we must respect our ties as a united nation once again... I think many of our problems with alcohol and prescription drugs have to do with the loss of our ceremonies. We limited our spiritual relationship with the earth. Of course, all of that has an effect; of course. We need more ceremonies, more Mother Earth, more sweat lodge, more traditional activities like hunting

> and fishing to get our food from the earth, not the grocery store... I like eating the moose meat we hunt... it's healthier than anything we eat that we buy. I think we need all of this to heal from everything that goes on here. We have addiction problems because we're not following our Red Road, we're not spending time in the natural world.

For an Anishinaabe, the earth represents more than a physical space. The land is a symbol of their spiritual and cultural identity. The cultural representation of the earth as Mother Earth plays an important role in satisfying spiritual and community health. The Native way of life is guided by a system of beliefs that require that an individual live in harmony with the earth and its people. As such, the earth represents a place where individuals can live out their day-to-day lives. This has serious implications for creating healthy communities and promoting sustainable community development. Dorothy described what reconnecting to Mother Earth meant to her:

> It's incredible to smell the aroma of tobacco and sage burning, floating in the air, while my heart can feel and communicate with the Creator and the Grandfathers. Every day, smudging helps us be closer to the spiritual world. Smudging heals our spirit if we do it often. Now I really know that I need the smell of sage or tobacco every day to keep traditional culture alive. Smudging also provides an opportunity to practice our teachings. I want to instill traditional Ojibwe thinking and values in my work, even in a clinical context like this. Anishinaabek were given the gift of Medicine, that includes knowing how to live in harmony and balance with the natural world. We have to go back to our true path, to the sources of our ancestral knowledge. It's important for the Creator to be central in your life, to practice the traditional beliefs and our way of life. There's nothing to be ashamed of our traditional ways, lighting our sage, lighting our sweetgrass, offering tobacco to Mother Earth. This is the path the Creator gave us to live in balance, harmony and health.

Therefore, for an individual to gain access to this cultural system, it is about "reviving" the Midewiwin teachings that were forced to disappear during the fervor of colonialism and Christian proselytizing. Midewiwin teachings seek to be the spiritual path or Red Road established by the ancestors to create a Manidookewin, a ceremonial way of life. Becoming Anishinaabe/Cree involves following a spiritual and ceremonial protocol, following the ways and teachings of the ancestors. The protocol consists of celebrating and maintaining a personal relationship with the teachings of Midewiwin, Mother Earth, the Creator and Spiritual Ancestors (Grandfathers), as well as living beings and the spirits of animals. It is an authentic ontological plan to discover one's true being and "return" to the land of the ancestors. The initiate must conceive of his or her connection to the earth as the natural Anishinaabe home and see the reserve (and Northeastern Ontario) not as a capitalist rural community that extracts natural resources, but as the traditional lands the Grandfathers inhabited (and still inhabit spiritually) and that must be cared for and managed sustainably for future generations.

Respect for the earth involves more than expressing thanks; as protectors, they have a responsibility to prevent the destruction of the earth. The First Nations Environmental Network (FNEN), officially established in 1992, is one example of the Healing Movement on a national level, the goal of which is to “protect, defend and heal Mother Earth” [28]. For example, a regional political leader, David Paul Achneepineskum, who represents the 10 Native reserves that make up the Matawa First Nations Chiefs Council, spoke in the following terms during the opening of a historical and tourist centre in Northern Ontario:

> It is our duty today to ensure that we leave an inheritance for our children; this inheritance is the traditional lands that have been passed down through our people for hundreds of years. The lands belong to us and they have been protected and preserved by us throughout generations. First Nations have been good stewards of the land, practicing sound environmental land and resources management, which is why they are so precious today. If we were to go back before the treaty was signed, our footprints were all over our lands – we did not necessarily have a piece of paper with document ownership, but the act of gathering and living in our lands proves we were using that land to raise and support our families. Today we still live off the land – I would encourage our members to go back to the land and reclaim their title and inherent rights to the land which the Creator put them on. I am a big believer that if Canada and Ontario does not want to honour the Treaty No. 9, then as First Nation People we should claim sovereignty and title over all of our lands. We must reaffirm our footprints to our lands and claim sovereignty over the lands and resources. Have a safe hunting and gathering season [24].

As these excerpts show, those on the reserve who share the ideas of the contemporary pan-Indian Healing Movement believe that ancestral healing traditions are psychologically beneficial and useful for facing modern-day health problems and for the sustainable development of Native communities.

CONCLUSIONS

New animist neo-traditionalism or pan-Indian spirituality can be viewed as cultural revisionism or reformulation to pass on ancestral and traditional knowledge for psychotherapeutic means: dealing with public health problems caused by various social epidemics. Relearning and revitalizing animist and spiritual ontologies such as Midewiwin and the Medicine Wheel is the means used to achieve a more satisfactory social life to deal with their marginal position in the Canadian sociopolitical context and the current difficult circumstances the reserve is experiencing. The concept of "culture" and the category of "Native" within the framework of this cultural rationalization have become rhetorical discourse (a moral language) to express "health", "healing treatment", "good life", and "spirituality". These notions are part of a dominant discourse to establish a moral standard that defines the new, modern-day Native identity. They offer a cultural narrative that transforms the suffering, desperation and lack of personal meaning that go hand-in-hand with psychosocial problems within the reintroduction of the "renewed" and "revitalized" self.

The Aboriginal concept of environmental and mental health has become an important symbolic space to create and recreate the notion of self and the social construction of a collective identity. "Becoming Native", that is, becoming a healthy (post-colonial) person and nation, can be understood as a ritual of personal and collective renewal through which contemporary Native identity is socially constructed. To do this, the Healing Movement builds an image of a unique Native identity woven into a rhetorical warp of personal and collective "community" and "healing". Native identity is reflected from a more positive perspective, representing the Aboriginal as being within a framework of spiritual awakening and psychological renewal. The rhetorical discourse of the Healing Movement tries to cultivate an ancestral spiritual presence in an individual (that was always latent within that person), guiding him or her along the path of spiritual recovery and reconnection to an animist culture, teaching him or her the precepts that are fundamental to any Native person: caring, sharing, humility and respect. In order to maintain this imagined community, members accept the animist and pan-Indian precepts that they must learn and internalize a lexicon that acts as a rhetorical mechanism: Mother Earth, the Creator, the Circle, the Community, Medicine, the Medicine Wheel, Grandfathers, the Sacred Fire, etc. This cultivates a moral imperative in the individual regarding his or her true identity, invoking a common spiritual purpose among residents. From the point of view of the Healing Movement, the Anishinaabe/Cree self must be "awakened" and "reborn", freeing it from an alienated "Canadian" life, restoring the Midewiwin spiritual and ancestral self. As demonstrated throughout this paper, people speak of and practice their lives phenomenologically, in terms of the discourse affirmations found in pan-Indian Healing Movement rhetoric.

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REFERENCES

1. Kirmayer, L. J., & Valaskakis, G. G. (Eds.). (2008). *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Vancouver: University of British Columbia Press.
2. Waldram J. B, Herring D. A., & Young T. K. (2006). *Aboriginal health in Canada: Historical, cultural and epidemiological perspectives*. 2nd Ed. Toronto: University of Toronto Press.
3. Jones, *D.S.* (2004). *Rationalizing Epidemics*: *Meanings* and *Uses* of *American Indian Mortality since 1600*. Cambridge, MA: Harvard University Press.
4. King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. *The Lancet, 374*, 76-85.
5. Chiefs of Ontario (2010). *Take a stand*. Retrieved from Chiefs of Ontario website: http://chiefs-of-ontario.org/Assets/Final%20Draft%20Prescription%20Drug%20Abuse%20Strategy.pdf
6. Health Canada (2002). *A Report on Mental Illnesses in Canada*. Retrieved from Public Health Agency of Canada: http://www.phac-aspc.gc.ca/publicat/miic-mmac/pdf/men_ill_e.pdf
7. Quintero, G. *(*2002). Nostalgia and Degeneration*:* The Moral Economy of Drinking in Navajo Society. *Medical Anthropology Quarterly, 16*, 3–21.
8. Mattingly, C, & Garro, L.C. (Eds.) (2000). *Narrative and the Cultural Construction of Illness and Healing*. Berkeley and Los Angeles: University of California Press.
9. Kamat, V. *(*2008*). 'This is not our culture!* Discourse of nostalgia and narratives of health concerns in post-socialist Tanzania, *Africa, 78***,** 359-83.

10. Spicer, P. (1998). Narrativity and the representation of experience in American Indian discourses about drinking. *Culture, Medicine, and Psychiatry 22*, 139-169.
11. Waldram, J. B. (1997). *The way of the pipe: Aboriginal spirituality and symbolic healing in Canadian prisons*. Peterborough: Broadview Press.
12. O'Nell, T. D. (1998). *Disciplined Hearts. History, Identity, and Depression in an American Indian Community*. Berkeley, CA: University of California Press.
13. Adelson N. (2004). *"Being Alive Well": Health and the Politics of Cree Well-Being*. University of Toronto Press.
14. Berman, T. (2003). *Circle of Goods*: *Women, Work, and Welfare in a Reservation Community*. Albany: State University of New York Press.
15. Fast, P. A. *(*2002*). Northern Athabascan survival*: *Women, community, and the future.* Lincoln, NE: University of Nebraska Press.
16. Pickering K. (2000). *Lakota Culture*, World Economy. Lincoln: University of Nebraska Press.
17. Warry, W. *(*1998*). Unfinished Dreams*: *Community Healing and the Reality of Aboriginal Self-Government*. Toronto: University of Toronto Press.
18. Brass, G. M (2008). Respecting the Medicines: Narrating an Aboriginal Identity. In Kirmayer, L. J., & Valaskakis, G. G. (Eds.), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 355-380). Vancouver: University of British Columbia Press.
19. Grobsmith, E. (1994). *Reassessing Revitalization Movements: Perspectives from North America and Pacific Island*. Lincoln/London: University of Nebraska Press.
20. Brady (1995). Culture in treatment, culture as treatment. A critical appraisal of developments in addictions programs for indigenous North Americans and Australians. *Social Science and Medicine, 41*, 1487-1498.
21. Tanner A. (2008). The origins of Northern Aboriginal social pathologies and the Quebec Cree Healing Movement. . In Kirmayer, L. J., & Valaskakis, G. G. (Eds.), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 249-271). Vancouver: University of British Columbia Press.
22. Bernard, H. R. (2006). *Research Methods in Anthropology: Qualitative and Quantitative Approaches.* Fourth edition. Walnut Creek , CA : Altamira Press.
23. Bernard, H. R. (2000). *Social Research Methods*. Newbury Park, CA: Sage Publications.
24. Mattawa Messenger Newsletter, Autumn 2007.
25. Waldram J. B. (2004). *Revenge of the Windigo: The construction of the mind and mental health of North American Aboriginal peoples*. Toronto: University of Toronto Press, Anthropological Horizons.
26. Sioux Lookout First Nations Health Authority (2009). *Chiefs forum on social issue: answering the call for help: reducing prescription drug abuse in our communities*. Sioux Lookout, ON*:* Sioux Lookout First Nations Health Authority.
27. Wilson K. (2003). Therapeutic landscapes and First Nations peoples: an exploration of culture, health and place. *Health&Place*, *9*, 83-93.
28. First Nations Environmental Network website: (http://www.fnen.org/).
29. Miller, S. (2008). *Change and Recovery from Substance Misuse: Native American Perspectives*. Unpublished doctoral dissertation, University of Montana, Missoula.

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